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August 23, 2005

GROUP: 1621**FAX NUMBER: 1-571-273-8300****ATTORNEY DOCKET NO.: RU-0195****SERIAL NO.: 10/807,206****FILED: March 23, 2004****CUSTOMER NO.: 26259****CONFIRMATION NO.: 3286****NUMBER OF PAGES: 13**
(including this sheet)

MESSAGE: Attached is an Amendment Transmittal Letter (in duplicate) and
Amendment in Response to Office Action dated May 23, 2005 with 1.132Declaration.

URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!

* * * * *

If you have any questions, or did not receive the proper number of pages, or had trouble during
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AUG 23 2005

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. RU-0195	
Applicant(s): Lawrence Joseph Williams						
Application No. 10/807,206	Filing Date March 23, 2004	Examiner Shailendra Kumar	Customer No. 26259	Group Art Unit 1621	Confirmation No. 3286	
Invention: METHOD OF PRODUCING AN AMIDE						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	1 -	20 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
<i>Jane Massey Licata</i> _____ Signature			Dated: August 23, 2005			
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
CC:						

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